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SSO - General Information [?](#)[SSO Menu](#)

SSO Event ID: New **Regional Water Board:**
Spill Location Name: **Agency:** State Water Resources Control Board
Sanitary Sewer System: Demo North CS

[General Info](#) [Spill Related Parties](#) [Attachments](#)

Note: Questions with "" are required to be answered to certify this report.*

SSO Type: Category 2

Physical Location Details

* **Spill location name:**

* **Latitude of spill location:** deg. min. sec. OR decimal degrees

* **Longitude of spill location:** deg. min. sec. OR decimal degrees

Street number:

Street direction:

- East
- North
- Northeast
- Northwest
- South
- Southeast
- Southwest
- West

Street name:

Street type:

Suite/Apt:

Alley
Avenue
Boulevard
Circle
Court
Drive
Freeway
Highway
Lane
Loop
Parkway
Place
Road
Street
Trail
Way

Cross street:

City:

State: CA ▼

Zip:

* County:

Spill location description:

* Regional Water Quality Control Board:

Region 1 - North Coast
Region 2 - San Francisco Bay
Region 3 - Central Coast
Region 4 - Los Angeles
Region 5F - Fresno
Region 5R - Redding
Region 5S - Sacramento
Region 6A - South Lake Tahoe
Region 6B - Victorville
Region 7 - Colorado River Basin
Region 8 - Santa Ana
Region 9 - San Diego

Spill Details

* **Spill appearance point:**

Building or structure
Force main or pressure sewer
Gravity sewer
Manhole
Other sewer system structure
Pump station
Other (specify)

Spill appearance point explanation:

(Required if spill appearance point is "Other")

* **Did the spill discharge to a drainage channel and/or surface water?**

Yes
No

* **Did the spill discharge to a storm drainpipe that was not fully captured and returned to the sanitary sewer system?**

Yes
No

* **Private lateral spill?**

Yes
No

Name of responsible party (for private lateral spill only, if known):

* **Final spill destination:**

(Hold Ctrl key to Select Multiple answers from the list)

Beach
Building or structure
Other paved surface
Storm drain
Street/curb and gutter
Surface water
Unpaved surface
Other (specify below)

Explanation of final spill destination:

(Required if final spill destination is "Other")

* **Estimated spill volume:**

100 gallons

Estimated volume of spill recovered:

gallons

Estimated current spill rate (if applicable):

gallons per minute


* Estimated spill start date/time:

  : : Date Format: **MM/DD/YYYY**

* Date and time sanitary sewer system agency was notified of or discovered spill:

  : : Date Format: **MM/DD/YYYY**

* Estimated Operator arrival date/time:

  : : Date Format: **MM/DD/YYYY**

* Estimated spill end date/time:

  : : Date Format: **MM/DD/YYYY**

* Spill cause:

Debris
Flow exceeded capacity
Grease deposition (FOG)
Operator error
Pipe structural problem/failure
Pump station failure
Rainfall exceeded design
Root intrusion
Vandalism
Other (specify below)

Spill cause explanation:

(Required if spill Cause is "Other")

If spill caused by wet weather, choose size of storm:

1 Year
2 Year
5 Year
10 Year
50 Year
100 Year
>100 Year
Unknown

Diameter of sewer pipe at the point of blockage or spill cause (if applicable):

 inches

Material of sewer pipe at the point of blockage or spill cause (if applicable):

Estimated age of sewer pipe at the point of blockage or spill cause (if applicable):

Description of terrain surrounding the point of blockage or spill cause (if applicable):

Flat
Mixed
Steep

*** Spill response activities:**

(Hold Ctrl key to Select Multiple answers from the list)

Cleaned-up (mitigated effects of spill)
Contained all or portion of spill
Inspected sewer using CCTV to determine cause
Restored flow
Returned all or portion of spill to sanitary sewer system
Other (specify below)

Explanation of spill response activities:

(Required if spill response activities is "Other")

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Visual inspection results from impacted receiving water:

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Overall Spill Description:

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Notification Details**OES Control Number**(Required for **Category 1** spill report if estimated spill volume >= 1000 Gals and spill reached surface water or storm drainpipe):

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OES Called Date/Time(Required for **Category 1** spill report if estimated spill volume >= 1000 Gals and spill reached surface water or storm drainpipe):

		00	:	00	Date Format: MM/DD/YYYY
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Regional Water Quality Control Board notified date/time:

		00	:	00	Date Format: MM/DD/YYYY
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Other Agency Notified:

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Was any of this spill report information submitted via fax to the Regional Water Quality Control Board?

No
Yes

Date and time spill report information was submitted via fax to the Regional Water quality Control Board:

(required if spill report information submitted via fax to Regional Water Board is "Yes")

		00	:	00	Date Format: MM/DD/YYYY
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Save Work in Progress

Submit Draft

Ready to Certify

Note: Questions with "" are required to be answered to certify this report.*

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